

ORIGINAL  
FILED

JUN 13 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

JONATHAN M. KAUFMAN, ESQ. (California State Bar No. 104576)  
The Law Offices of Jonathan M. Kaufman  
220 Montgomery Street, Suite 976  
San Francisco, CA 94104  
Telephone: (415) 956-4765  
Facsimile: (415) 956-1664  
E-Mail: jonathan-kaufman@sbcglobal.net

E-filing

Attorney for Plaintiff

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

FILOBERTO JUAN REVOLORIO,

Plaintiff,

vs.

MICHAEL CHERTOFF, Secretary of  
Homeland Security, MICHAEL B.  
MUKASEY, Attorney General,

Defendants.

CV 08

2949

COMPLAINT FOR DECLARATORY  
JUDGMENT AND INJUNCTION

1. This action for declaratory and injunctive relief seeks enforcement of the stipulated settlement agreement reached in *American Baptist Churches v Richard Thornburgh*, 760 F.Supp. 796 (N.D. 1991) (hereinafter referred to as, "ABC Settlement Agreement").

2. The Court has jurisdiction over this action pursuant to 28 U.S.C. § 1331, 28 U.S.C. § 1361, and 5 U.S.C. §§ 701-706.

3. Plaintiff is a citizen and national of Guatemala.

4. Defendant Michael Chertoff is the Secretary of Homeland Security. Defendant Michael B. Mukasey is the Attorney General of the United States.

5. Plaintiff sought benefits and rights under the ABC Settlement Agreement from the U.S.

1 Citizenship and Immigration Services (USCIS), a component of the Department of Homeland  
2 Security. On September 25, 2005 a USCIS Asylum Officer found that plaintiff had not registered for  
3 benefits as an ABC class member, and was therefore not eligible for benefits under the ABC  
4 Settlement Agreement. See Exhibit A.

5 6. On October 12, 2006 the USCIS issued a notice to appear and initiated removal  
6 proceedings against plaintiff. Plaintiff is scheduled for a removal hearing on September 11, 2008.  
7 See Exhibit B.

8 7. On or about June 15, 2008 plaintiff contested the finding that he had not registered for  
9 benefits as an ABC class member by presenting evidence that demonstrated timely registration  
10 pursuant to the ABC Settlement Agreement. See Exhibit C.

11 8. The USCIS has not issued a formal response to plaintiff's June 15, 2008 submission and  
12 it has not included plaintiff in any of the databases it maintains to record ABC registration.

13 9. Pursuant to ¶ 35 of the ABC Settlement Agreement plaintiff is entitled to seek enforcement  
14 of the ABC Settlement Agreement, including a dispute over membership in the class, in any federal  
15 district court.

16 WHEREFORE, plaintiff prays judgment.

17 1) Declaring that plaintiff is a registered ABC class member, as defined in 8 C.F.R. §  
18 1240.60.

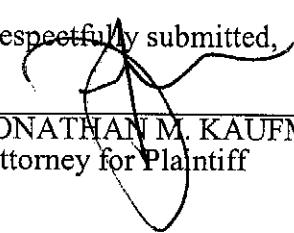
19 2) Enjoining the defendants to include plaintiff in an ABC registration database.

20 3) Awarding plaintiff his costs and reasonable attorney's fees incurred in this action.

21 4) Granting such other and further relief as may be appropriate.

22 Dated: June 13, 2008

23 Respectfully submitted,

24   
25 JONATHAN M. KAUFMAN  
26 Attorney for Plaintiff  
27  
28

# **EXHIBIT A**

U. S. Department of Homeland Security  
P.O. Box 77530  
San Francisco, CA 94107-0000



U.S. Citizenship  
and Immigration  
Services

Date: September 29, 2005

Filoberto Juan Pedro Revolorio  
220 C. First Ave., #304  
Daly City, CA 94014

Re: PEDRO-REVOLORIO, Filoberto Juan A72-398-151

Notice of ABC Ineligibility

Dear Mr. Pedro-Revolorio:

This letter is to notify you that the Bureau of Citizenship and Immigration Services (CIS) has found that you are not eligible for benefits of the settlement agreement in *American Baptist Churches v. Thornburgh*, 760 F. Supp. 796 (N.D. Cal. 1991) (*ABC*). *ABC* benefits include protection from removal from the United States prior to an asylum interview and decision by an asylum officer, eligibility to apply for work authorization, and protection from detention in certain cases. To be a member of the *ABC* class, you must be either 1) a national of El Salvador who entered the United States on or before September 19, 1990; or 2) a national of Guatemala who entered the United States on or before October 1, 1990. An *ABC* class member may be eligible for benefits of the settlement agreement only if the class member meets both of the following requirements: 1) the class member properly registered for *ABC* benefits, either directly or, if Salvadoran, by applying for temporary protected status (TPS); and 2) the class member applied for asylum by the applicable filing deadline.

It has been determined that you are not eligible for *ABC* benefits for the following reason (s):

☐ You have not established that you are a member of the *ABC* class.

☒ There is no credible evidence that you registered for *ABC* benefits, either by filing directly or, if Salvadoran, by applying for TPS.

☐ Although you are a national of El Salvador, you did not apply for asylum on or before January 31, 1996 (with a grace period granted until February 16, 1996).

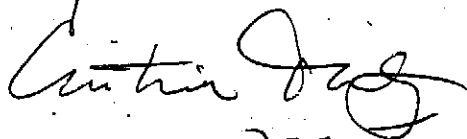
☐ Although you are a national of Guatemala, you did not apply for asylum on or before January 3, 1995.

**Although you are not eligible for benefits of the *ABC* settlement agreement, you may be able to continue pursuing any asylum application you may have filed under current regulations and procedures. If you previously were in deportation or exclusion proceedings before an Immigration Judge,**

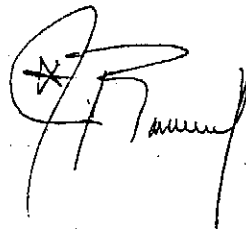
or had a case on appeal to the Board of Immigration Appeals or federal district court, those proceedings will be reopened or resumed.

If you were previously ordered deported or excluded from the United States and you have not filed and been granted a motion to reopen, that previous order may be enforced against you and you may be removed from the United States. However, you will be given 30 days from the date of this letter to challenge this *ABC* ineligibility determination in federal court. If you have evidence that you are eligible for *ABC* benefits, provide that evidence to this office within 30 days of the date of this letter, and this office may reconsider the determination that you are ineligible for *ABC* benefits. Please include your A-number on any future correspondence with this office.

Sincerely,



(for) Emilia Bardini *EB 140*  
Director  
San Francisco Asylum Office



09-29-05

## **EXHIBIT B**

U. S. Department of Justice  
Immigration and Naturalization Service

Notice to Appear

## In removal proceedings under section 240 of the Immigration and Nationality Act:

File No: A072398151

In the Matter of:

Respondent: REVOLORIO, FILOBERTO JUAN

currently residing at:

P O BOX 171 DALY CITY, CA 94016-0000

(Number, street, city, state and ZIP code)

415-722-5305

(Area code and phone number)

- ☐ 1. You are an arriving alien.
- ☒ 2. You are an alien present in the United States who has not been admitted or paroled.
- ☐ 3. You have been admitted to the United States, but are deportable for the reasons stated below.

The Service alleges that:

- 1) You are not a citizen or national of the United States.
- 2) You are a native of GUATEMALA and a citizen of GUATEMALA;
- 3) You entered the United States at or near SAN YSIDRO, CA on or about July 15, 1990;
- 4) You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 212 (a) (6) (A)(i) of the Immigration and Nationality Act (Act), as amended, as an alien present in the United States without being admitted or paroled, or who has arrived in the United States at any time or place other than designated by the Attorney General.

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8 CFR 208.30(f)(2) ☐ 8 CFR 235.3(b)(5)(iv)

**YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:**

**120 MONTGOMERY ST., SUITE 800, SAN FRANCISCO, CA 94080-0000**

(Complete Address of Immigration Court, including Room Number, if any)

on 12/7/06 at 1:30 p.m. to show why you should not be removed from the United States based on  
(Date) (Time)

the charge(s) set forth above.

*[Signature]*  
(Signature and Title of Issuing Officer)

Date: **OCT 12 2006**

**SAN FRANCISCO, CA**  
(City and State)

See reverse for important information

**Notice to Respondent**

**Warning:** Any statement you make may be used against you in removal proceedings.

**Alien Registration:** This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

**Representation:** If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will provided with this Notice.

**Conduct of the hearing:** At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with your case. If any document is in a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or deportable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

**Failure to appear:** You are required to provide the INS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

**Request for Prompt Hearing**

To expedite a determination in my case, I request an immediate hearing. I waive my right to have a 10-day period prior to appearing before an immigration judge.

Before:

(Signature of Respondent)

Date:

(Signature and Title of INS Officer)

**Certificate of Service**

This Notice To Appear was served on the respondent by me on OCT 12 2006, in the following manner and in compliance with section 239(a)(1)(F) of the Act:

(Date)

☒ in person ☐ by certified mail, return receipt requested ☐ by regular mail

☐ Attached is a credible fear worksheet.

☒ Attached is a list of organizations and attorneys which provide free legal services.

The alien was provided oral notice in the language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Anna Leonilo  
Contact Rep, ZSF

(Signature of Respondent if Personally Served)

(Signature and Title of Officer)



NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT


120 MONTGOMERY ST., SUITE 800  
SAN FRANCISCO, CA 94104

RE: REVOLORIO, FILOBERTO JUAN

FILE: A72-398-151

TO: LAW OFFICE OF SHAH PEERALLY  
PEERALLY, SHAH  
4510 PERALTA BLVD, STE 23  
FREMONT, CA 94536

DATE: Feb 28, 2008  
Attention: Your hearing  
has been rescheduled.  
Disregard any notice  
you may have received  
before the above date.



Please take notice that the above captioned case has been scheduled for a  
INDIVIDUAL hearing before the Immigration Court on Sep 11, 2008 at 08:30 A.M. at:

120 MONTGOMERY ST., SUITE 800, 8th Fl., Courtroom 10  
SAN FRANCISCO, CA 94104


You may be represented in these proceedings, at no expense to the  
Government, by an attorney or other individual who is authorized and qualified  
to represent persons before an Immigration Court. Your hearing date has not  
been scheduled earlier than 10 days from the date of service of the Notice to  
Appear in order to permit you the opportunity to obtain an attorney or  
representative. If you wish to be represented, your attorney or representative  
must appear with you at the hearing prepared to proceed. You can request an  
earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances  
may result in one or more of the following actions: (1) You may be taken into  
custody by the Department of Homeland Security and held for further  
action. OR (2) Your hearing may be held in your absence under section 240(b)(5)  
of the Immigration and Nationality Act. An order of removal will be entered  
against you if the Department of Homeland Security established by  
clear, unequivocal and convincing evidence that a) you or your attorney has  
been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT  
CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION  
COURT SAN FRANCISCO, CA THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR  
TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS.  
EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE  
COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE  
ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM  
THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO  
OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW  
ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE  
OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE  
SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED  
SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A list of free legal service providers has been given to you. For  
information regarding the status of your case, call toll free 1-800-898-7180  
or 703-305-1662.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL ☒ PERSONAL SERVICE (P)  
TO: [ ] ALIEN [ ] ALIEN c/o Custodial Officer [X] ALIEN's ATT/REP [X] DHS  
DATE: 2/28/08 BY: COURT STAFF  V3  
Attachments: [ ] EOIR-33 [ ] EOIR-28 [ ] Legal Services List [ ] Other

## **EXHIBIT C**

1 SHAH PEERALLY [State Bar of California: 230818]  
2 LAW OFFICES SHAH PEERALLY  
3 4510 Peralta Blvd, Ste 23  
4 Fremont, CA 94536  
5 Telephone: (510) 742 5887  
6 Fax: (510) 742 5877  
7 Attorney for Respondent: Fileberto Juan Revolorio

8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
SAN FRANCISCO, CALIFORNIA

IN THE MATTER OF:

FILEBERTO JUAN  
REVOLORIO

A# 72-398-151

Respondent

DOCUMENTS IN SUPPORT OF THE APPLICATION  
FOR SUSPENSION OF DEPORTATION.

IN REMOVAL PROCEEDINGS

Honorable Judge George W. Proctor  
U.S. Immigration Judge

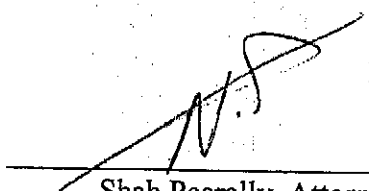
Respondent through the undersigned counsel, presents the following documents in support of his Suspension of Deportation application. This application is based on a written sworn statement from the applicant that the applicant registered for ABC or TPS benefits on a timely basis.

1. Notice of Hearing Date with Form E-28;
2. Copy of Biometrics instructions;
3. Proof of payment of NACARA cancellation form I-881;
4. Proof of mailing of NACARA cancellation form I-881 accompanied with the filing fees;
5. Form I-881 Application for Suspension of Deportation or Special Rule Cancellation of Removal
6. Declaration and sworn statement from Respondent confirming that he mailed the application for the NACARA on time

7. Copy of original asylum application prepared on November 21, 1991 with receipt notice of January 17, 1992; and
8. Respondent's copy of 1992 Tax returns.

RESPECTFULLY submitted this 15<sup>th</sup> day of June, 2007.

Respectfully submitted by Respondent's  
Attorney,

  
Shah Peerally, Attorney at Law

**CERTIFICATE OF SERVICE**

I, hereby certify that the foregoing Documents in Support of the Application for Cancellation was served by mail to ICE at:

Assistant Chief Counsel  
120 Montgomery Street, Suite 200  
San Francisco, CA 94104

On \_\_\_\_\_ day of \_\_\_\_\_, 2007

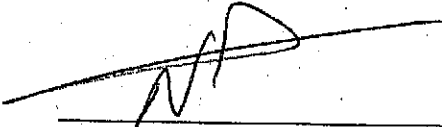
\_\_\_\_\_  
Shah Peerally  
State Bar of California (#230818)

**CERTIFICATE OF SERVICE**

I, hereby certify that the foregoing Documents in Support of the Application for Cancellation was served by mail to ICE at:

Assistant Chief Counsel  
120 Montgomery Street, Suite 200  
San Francisco, CA 94104

On 15<sup>th</sup> day of June, 2007

  
Shah Peerally  
State Bar of California (#230818)

## PROOF OF SERVICE

I, the undersigned, declare:

That I am an employee of \_\_\_\_\_

**LAW OFFICES OF SHAH PEERALLY**  
4510 Paralta Blvd., Suite 23  
Fremont, CA 94536

and my business address is \_\_\_\_\_

I served the original/true copy of the attached:  
in person/by placing said original/true copy in an envelope, which was then sealed, with postage  
fully paid thereon, and was this day addressed as follows:

### PLEASE CHECK ONLY ONE OF THE BELOW

- ☐ Immigration Court (delivered in person)  
120 Montgomery Street, Suite 800  
San Francisco, CA 94104
- ☐ Immigration Court (delivered by mail)  
120 Montgomery Street, Suite 800  
San Francisco, CA 94104
- ☐ Department of Homeland Security (delivered in person)  
Office of the Chief Counsel  
120 Montgomery Street, Suite 200  
San Francisco, CA 94104
- ☐ Department of Homeland Security (delivered by mail)  
Office of the Chief Counsel  
P.O. Box 26449  
San Francisco, CA 94104

Signature: \_\_\_\_\_

*Shah*

Date: \_\_\_\_\_

6/15/07

**“Exhibit 1”**



IMMIGRATION COURT  
120 Montgomery St., Suite 800  
San Francisco, CA 94104

Re: **Revolorio, Filoberto Juan**  
File: **A# 72-398-151**

To: Respondent(s) / Attorney: CALL UP DATES FOR COURT FILINGS OF  
APPLICATIONS/BRIEFS/WITNESS LISTS/DOCUMENTS

**Peerally, Shah**

**NOTICE OF HEARING IN REMOVAL PROCEEDINGS**

Please take notice that the above captioned case has been scheduled for a(n)

**(INDIVIDUAL / MASTER)** hearing before an Immigration Judge on

October 21, 2007 at 1:00 AM/PM at  
**120 MONTGOMERY STREET, 8<sup>TH</sup> FLOOR COURTROOM 10**  
**SAN FRANCISCO, CA 94104**

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

1. You may be taken into custody by the Immigration and Naturalization Service and held for further action.

2. Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Immigration and Naturalization Service establishes by clear, unequivocal and convincing evidence that a) this notice was provided to you or your attorney and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT, SAN FRANCISCO, CA THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERY TIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE, BY FILING THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU, AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE. A list of free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7160.

**CERTIFICATE OF SERVICE**

THIS DOCUMENT WAS PERSONALLY SERVED ON:

[ ] ALIEN(s) [ ] ALIEN c/o Custodial Officer [X] ALIEN's ATTY/REP [X] ICE

DATE: March 22, 2007 BY: COURT STAFF Michael Clay

Attachments: [ ] EOIR-33 [ ] EOIR-26 [ ] Legal Services List [ ] Other

U.S. Department of Justice  
Executive Office for Immigration Review  
Immigration Court

OMB#1125-0006

# Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court

I hereby enter my appearance as attorney or representative for, and at the request of, the following named person:

NAME: Fileberto Revolonio  
(First) (Middle Initial) (Last)

ADDRESS: 217 PLYMOUTH AVE  
(Number and Street) (Apt. No.)  
SAN FRANCISCO CA 94112  
(City) (State) (Zip Code)

DATE (mm/dd/yy): 03/22/07

ALIEN NUMBER(S) (List lead alien number and all family member alien numbers and names, if applicable. Continue on next page as needed.)

072-398-151

Please check one of the following:

☒ 1.

I am a member in good standing of the bar of the highest court(s) of the following state(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia:

Full Name of Court

State Bar No. (if applicable)

SUPREME COURT CA230818

(Please use space on reverse side to list additional jurisdictions.)

I ☐ am not (or ☐ am - explain fully on reverse side) subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law and the courts listed above comprise all of the jurisdictions (other than federal courts) where I am licensed to practice law.

☐ 2.

I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Executive Office for Immigration Review pursuant to 8 C.F.R. § 1292.2 (provide name of organization and expiration date of accreditation):

☐ 3.

I am a law student or law graduate, reputable individual, accredited official, or other person authorized to represent individuals pursuant to 8 C.F.R. § 1292.1 (explain fully on reverse side).

I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representation before the Immigration Court. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

SIGNATURE OF ATTORNEY OR REPRESENTATIVE

FOIR ID#

DATE (mm/dd/yy)

☒

NAME OF ATTORNEY OR REPRESENTATIVE (type or print)

ADDRESS

03/22/2007Shah Peerally, Esq4510 Peralta Blvd, Ste 23  
Fremont CA 94536☒ Check, here if new address

PHONE NUMBER (with area code)

FAX NUMBER (with area code)

(510) 742-5887(510) 742-5877

**“Exhibit 2”**



**INSTRUCTIONS FOR SUBMITTING CERTAIN APPLICATIONS IN  
IMMIGRATION COURT AND FOR PROVIDING BIOMETRIC AND BIOGRAPHIC  
INFORMATION TO U. S. CITIZENSHIP AND IMMIGRATION SERVICES**

**A. Instructions for Form I-589 (Asylum and for Withholding of Removal)\***

In addition to filing your application and supporting documents with the Immigration Court and serving a complete copy of your application on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, you must also complete the following requirements before the Immigration Judge can grant relief or protection in your case:

SEND these 3 items to the address below:

- (1) A clear copy of the first three pages of your completed Form I-589 (Application for Asylum and for Withholding of Removal) that you will be filing or have filed with the Immigration Court, which must include your full name, your current mailing address, and your alien number (A-number). (Do Not submit any documents other than the first three pages of the completed I-589),
- (2) A copy of Form EOIR-28 (Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court) if you are represented, and
- (3) A copy of these instructions.

USCIS Nebraska Service Center  
Defensive Asylum Application With Immigration Court  
P.O. Box 87589  
Lincoln, NE 68501-7589

Please note that there is no filing fee required for your asylum application.

After the 3 items are received at the USCIS Nebraska Service Center, you will receive:

- A USCIS receipt notice in the mail indicating that USCIS has received your asylum application, and
- An ASC notice for you, and separate Application Support Center (ASC) notices for each dependent included in your application. Each ASC notice will indicate the individual's unique receipt number and will provide instructions for each person to appear for an appointment at a nearby ASC for collection of biometrics (such as your photograph, fingerprints, and signature). If you do not receive this notice in 3 weeks, call (800) 375-5283. If you also mail applications under Instructions B, you will receive 2 notices with different receipt numbers. You must wait for and take both scheduling notices to your ASC appointment.

You (and your dependents) must then:

- Attend the biometrics appointment at the ASC, and obtain a biometrics confirmation document before leaving the ASC, and
- Retain your ASC biometrics confirmation as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

**\* NOTE: IF YOU ARE FILING A FORM I-589 AND/OR ANOTHER APPLICATION, SEE THE REVERSE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS.**

*Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.*



**“Exhibit 3”**

Shah Iqbal Nawaaz Peerally  
DBA Law Offices of Shah Peerally  
37481 Maple St., Suite F  
Fremont, CA 94536  
Phone: (510) 742 5887

0943

Date 06-14-2007

Pay to the Order of USCIS

Three hundred & Fifty Five only Dollars \$ 355.00

WASHINGTON MUTUAL  
WASHINGTON MUTUAL BANK, FA  
SAN FRANCISCO - CALIFORNIA FINANCIAL CENTER 1082  
401 CALIFORNIA STREET  
SAN FRANCISCO, CA 94104

For Fileberto Lavolonia  
7-881 & biomedics

1:3222716271: 098321433011 0943

**“Exhibit 4”**

CALL 1-800-222-1811 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES



UNITED STATES POSTAL SERVICE

WWW.USPS.COM

EXPRESS MAIL  
POSTAGE REQUIRED  
DOMESTIC USE ONLY

EB 517233453 US

Mailing Label  
Label 11-B, March 2004

Post Office To Addressee

UNITED STATES POSTAL SERVICE

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day	Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day	Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or

Postal Service Acct. No.

TO: (PLEASE PRINT) PHONE ( )

USCIS Texas Service Center

P.O. Box 852463

Mesquite, Texas

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

7 5 1 8 5 + 2 4 6 3

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Day	\$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
Mo. Day Year	Month Day	\$
Time Accepted	Scheduled Time of Delivery	COD Fee
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$
Flat Rate <input type="checkbox"/> or Weight	Military	Total Postage & Fees
lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$
	Int'l Alpha Country Code	Acceptance Emp. Initials

FROM: (PLEASE PRINT) PHONE ( ) 510.742.5887

Law Offices of Shah Peppery

4510 Peralta Blvd,

Ste 23

Fremont CA 94536

FOR PICKUP OR TRACKING

Visit WWW.USPS.COM

Call 1-800-222-1811

The e  
the Ex

PRESS HARD. YOU ARE MAKING 3 COPIES.



**“Exhibit 5”**

Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Department of Justice  
U.S. Executive Office for Immigration Review

**I-881, Application for Suspension of Deportation  
or Special Rule Cancellation of Removal**  
(Pursuant to Section 203 of Public Law 105-100, NACARA)

OMB No. 1615-0072; Exp. 02-28-06

**START HERE - Please type or print in black ink. If any question does not apply to you, write "None" or "N/A" in the appropriate space.**

**Part 1. Background information about YOU.**

Alien Registration Number(s), if any (List every "A-number" you have been given)

072 398 151

Family Name(s) REVOLORIO	Given Name FILOBERTO	Middle Name JUAN
-----------------------------	-------------------------	---------------------

What other names have you used? (Include maiden name and aliases)

FILOBERTO JUAN PEDRO REVOLORIO

Address - Street Number and Name (or P.O. Box) 217 PLYMOUTH AVE	Apt #
--	-------

City SAN FRANCISCO	State CA	Zip Code 94112
-----------------------	-------------	-------------------

Date of Birth (mm/dd/yyyy) 08/07/1973	Place of Birth (City or Town and Country) GUATEMALA CITY, GUATEMALA
--	--

U.S. Social Security # 616-52-0069	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
---------------------------------------	--

Present Nationality (Citizenship) GUATEMALAN	Home Phone # (415) 722 5305
---	--------------------------------

**Part 2. Application type (check all that apply to you).**

I am eligible to apply for suspension of deportation or special rule cancellation of removal under the Nicaraguan Adjustment and Central American Relief Act (NACARA) because I have not been convicted of an aggravated felony and:

- ☒ (a) I am a national of El Salvador who first entered the United States on or before September 19, 1990, or a national of Guatemala who first entered the United States on or before October 1, 1990. I also timely registered for benefits under the settlement agreement in *American Baptist Churches v. Thornburgh (ABC)*, 760 F. Supp. 796 (N.D. Cal. 1991), either directly or, if Salvadoran, by applying for Temporary Protected Status (TPS), and I have not been apprehended at time of entry after December 19, 1990.
- ☐ (b) I am a national of Guatemala or El Salvador who filed an application for asylum on or before April 1, 1990.
- ☐ (c) I entered the United States on or before December 31, 1990; filed an application for asylum on or before December 31, 1991; and at the time of filing was a national of the Soviet Union (USSR), Russia, any republic of the former Soviet Union, Latvia, Estonia, Lithuania, Poland, Czechoslovakia, Romania, Hungary, Bulgaria, Albania, East Germany, Yugoslavia, or any state of the former Yugoslavia.
- ☐ (d) I am the spouse, child (unmarried and under 21 years of age), unmarried son or unmarried daughter of someone who has already applied, or is presently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA. If I am an unmarried son or unmarried daughter, I entered the United States on or before October 1, 1990, or my parent was granted suspension of deportation or special rule cancellation of removal when I was less than 21 years of age. Attach proof of relationship and provide the following information about that spouse or parent:

Name:

A-number(s):

The person who has applied for suspension of deportation or special rule cancellation of removal is your: ☐ Spouse ☐ Parent

- ☐ (e) I am or was the ☐ spouse or ☐ child of an individual described in Part 2 (a), (b) or (c) above, and I or my child has been battered or subjected to extreme cruelty by that individual described in Part 2 (a), (b), or (c) above.

**For USCIS Use Only**

Returned	Receipt
Resubmitted	
Reloc. Sent	
Reloc. Received	

**Decision**

- ☐ Suspension of Deportation or Special Rule Cancellation of Removal and Adjustment of Status granted
- ☐ Referred to Immigration Judge in accordance with 8 CFR Section 240.70

(Adjudicating Officer's Signature)

(Date of Action) (Office Location)

**EOIR Actions**

**Attorney or Representative, if any**

☒ Check box if G-28 is attached.

VOLAG#

Atty. State License #

CA 230818

**Part 3. Information about your presence in the United States. SEE ATTACHMENT.**

1. Provide information about the places where you have resided in the United States during the last ten years: (List **PRESENT ADDRESS FIRST** and work back in time. List only places where you resided 60 days or more. Attach additional sheets of paper as needed.)

Street and Number	Apt. or Room #	City or Town	State	ZIP Code	Resided From: (Month/Year)	Resided To: (Month/Year)
217 PLYMOUTH		SAN FRANCISCO	CA	94112	11/06	Present
31 2ND AVE		DALY CITY	CA	94014	04/06	11/06
37 ALLEMENY ST.		DALY CITY	CA	94014	01/02	04/06
101 TEMPOTON AVE		DALY CITY	CA	94014	01/01	01/02
220 "C" FIRST AVE # 304		DALY CITY	CA	94014	01/99	12/00

2. Provide information about your **first** entry into the United States:

Name used when first entered the United States: (Family Name, First, Middle) REVOLORIO, FILOBERTO, JUAN		Place of first entry into the United States: (City and State) SAN YSIDRO, CA	
Your status when you first entered the United States: EWI	Date of first entry into the United States: (mm/dd/yyyy) 07/15/1990	Period for which admitted: (mm/dd/yyyy) From: N.A. To:	
If you changed nonimmigrant status after entry, list status you changed to: N.A.	Date you changed status: (mm/dd/yyyy) N.A.	Last Extension of Stay expired on: (mm/dd/yyyy) N.A.	

3. Provide information about any departure from and return to the United States you have made since your first entry: (Please list all departures, including brief ones. Attach additional sheets of paper as needed.)

If you have not departed the United States since your first date of entry, please mark an X in this box: ☒

Port of Departure: (Place or Port, City, State)	Departure Date: (mm/dd/yyyy)	Purpose of Travel:	Destination:
Port of Return: (Place or Port, City, State)	Return Date: (mm/dd/yyyy)	Status at Entry:	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Port of Departure: (Place or Port, City, State)	Departure Date: (mm/dd/yyyy)	Purpose of Travel:	Destination:
Port of Return: (Place or Port, City, State)	Return Date: (mm/dd/yyyy)	Status at Entry:	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you ever:

- (a) been ordered deported or removed? ☐ Yes ☒ No
- (b) departed the United States under an order of deportation or removal? ☐ Yes ☒ No
- (c) overstayed a grant of voluntary departure from an Immigration Judge or the DHS (or former INS)? ☐ Yes ☒ No
- (d) departed the United States pursuant to a grant of voluntary departure? ☐ Yes ☒ No
- (e) failed to appear for deportation or removal? ☐ Yes ☒ No

If you responded "Yes" to any of the above, please indicate the name and Alien Registration Number (A#) you were using at that time, along with the date you left the United States, if applicable:

If you are unsure about any of your answers to questions 4(a)-(e) above, please indicate which question(s) and explain why you are unsure about the response(s) you have given: (Attach additional sheets of paper as needed.)

**Part 4. Information about your financial status and employment.**

1. Provide information about the places where you have been employed for the last ten years: (List **PRESENT EMPLOYMENT FIRST** and work back in time. Include all employment, even if less than full-time. If you did the same type of work for three or more employers during any six-month period and you do not know the names and addresses of those employers, you may state "multiple employers." Indicate the city or region where you did the work, list the type of work you did, and estimate your earnings during that period. Any periods of unemployment, unpaid work (as a homemaker or intern, for example), or school attendance should be specified. Attach additional sheets of paper as needed.) **SEE ATTACHMENT.**

Full Name and Address of Employer or School: (If self-employed, give name and address of business.)	Earnings per Week (approximate)	Type of Work Performed:	Employed From: (Month/Year)	Employed To: (Month/Year)
Balliet Bros. Construction, San Francisco, CA		Carpenter	01/04	Present
Nibbi Bros. San Francisco, CA		Carpenter	01/02	01/04
Los Gatos Construction Los Gatos, Ca		Carpenter	01/01	01/02
Saaram Construction San Francisco, CA		Carpenter	01/99	01/01
Jerome Construction San Francisco, CA		Carpenter	01/99	01/00
RE Construction San Mateo, CA		Carpenter	01/99	01/00
American employers San Francisco, CA		Carpenter	01/00	12/00

2. Provide information about your assets in the United States and other countries, including those held jointly with your spouse, if you are married, or with others. Do not include the value of clothing and household necessities. If married, provide information about your spouse's assets that he or she does not hold jointly with you:

Self (Including assets jointly owned with Spouse or others)		Spouse	
Cash, Checking or Savings Accounts:	\$ 4,000.00	Cash, Checking or Savings Accounts:	\$
Motor Vehicle(s): (Minus any amount owed)	\$ 19,000.00	Motor Vehicle(s): (Minus any amount owed)	\$
Real Estate: (Minus any amount owed)	\$ 0.00	Real Estate: (Minus any amount owed)	\$
Other: (Describe below, e.g., stocks, bonds) Personal Assets	\$ 10,000.00	Other: (Describe below, e.g., stocks, bonds)	\$
<b>Total:</b>	<b>\$ 33,000.00</b>	<b>Total:</b>	<b>\$ 0.00</b>

3. Have you filed a federal income tax return while in the United States? ☒ Yes ☐ No If "Yes," indicate the years you filed and attach evidence that you filed the returns. If you did not file a tax return during any particular year(s), please explain why you did not file. (Attach additional sheets of paper as needed):

TAX YEAR 1992

**Part 5. Information about your marital status and spouse.**Marital status: ☐ Married ☒ Single (If single, skip this Part and go to Part 6) ☐ Divorced ☐ Separated ☐ Widower

<b>1. Information about Spouse:</b>				
Name: (Family Name(s), First, Middle)		Date of Marriage: (mm/dd/yyyy)		Place of Marriage: (City and Country)
Place of Birth: (City and Country)		Date of Birth: (mm/dd/yyyy)		Citizenship:
Your spouse currently resides at: (Indicate "with me" if spouse resides with you)				
Number and Street		Apt. #	City or Town	State/Country Zip Code
If presently residing in the United States, your spouse's present status is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Asylee <input type="checkbox"/> Asylum Applicant <input type="checkbox"/> Other (Please describe):				
His/her alien registration number(s) is (List all A#s your spouse has been given): A #				
Your spouse <input type="checkbox"/> is <input type="checkbox"/> is not employed. If employed, please give salary and the name and address of the place(s) of employment.				
Full Name and Address of Employer:		Earnings Per Week: (Approx)	Type of Work:	Employed from: (mm/dd/yyyy) Employed to: (mm/dd/yyyy)
<b>2. Information about Previous Spouse(s):</b>				
I <input type="checkbox"/> have <input type="checkbox"/> have not been previously married: (If previously married, list the names of each prior spouse, the dates on which each marriage began and ended, the place where the marriage ended, and describe how each marriage ended. Attach additional sheets of paper as needed.)				
Name of Prior Spouse: (Family Name(s), First, Middle)	Date married: (mm/dd/yyyy)	Date marriage ended: (mm/dd/yyyy)	Place marriage ended: (City and Country)	Manner in which marriage was terminated or ended: (e.g., death of spouse, divorce)

3. Have you been ordered by any court, or are you otherwise under any legal obligation to provide child support and/or spousal maintenance? ☐ Yes ☒ No If "Yes," on a separate sheet of paper please explain what type of obligation you have, to whom it is owed, and whether you are fulfilling that obligation.

**Part 6. Information about your child/children.**

1. Do you have children? ☐ Yes ☒ No (If "No," then skip this Part and go to Part 7)
2. Please list all your children below, regardless of their age, giving the requested information about each of them. (In the address box, indicate "with me" if the child currently resides with you, or if the child does not live with you, provide his or her address and relationship to the person with whom he or she lives. Attach additional sheets of paper as needed.)

Name of Child: (Family Name(s), First, Middle)	A#	Place of Birth (City and Country)	Date of Birth (mm/dd/yyyy)	Immigration Status
(1)				
Current Address:			Citizenship:	
(2)				
Current Address:			Citizenship:	
(3)				
Current Address:			Citizenship:	
(4)				
Current Address:			Citizenship:	

**Part 7. Information about your parent(s).**

You do not need to provide information about your parents' assets and earnings unless you believe that your removal would result in extreme hardship to your parent or parents.

Name of Parent: (Family Name(s), First, Middle)	A#	Place of Birth (City and Country)	Date of Birth (mm/dd/yyyy)	Immigration Status
Father: Pedro Juan	none	Huehетенango, Guatemala	10/27/1940	none
Current Address: NOT KNOWN (Number and Street, City, State or Country)			Citizenship: Guatemalan	
Estimated total assets: \$ 0.00		Weekly earnings: \$ 0.00		
Mother: Abelina Revolorio Ortega	none	Jutiapa, Guatemala	11/10/1945	none
Current Address: El Trapiche, El Adelanto, Departamento, Jutiapa, Guatemala (Number and Street, City, State or Country)			Citizenship: Guatemalan	
Estimated total assets: \$ 0.00		Weekly earnings: \$ 0.00		

**Part 8. Miscellaneous information.**

Please respond to the following questions. If you answer "Yes" to any of these questions, please provide an explanation on an attached sheet of paper.

1. Have you ever (either in the United States or in a foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, driving violations involving alcohol)? ☐ Yes ☒ No  
(If you answered "Yes," your explanation should include a brief description of each offense, including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed and the time actually served.)

2. Have you ever been:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A habitual drunkard?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	One who has derived income principally from illegal gambling?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	One who has given false testimony for the purpose of obtaining immigration benefits?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	One who has engaged in prostitution or unlawful commercialized vice?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Involved in a serious criminal offense and asserted immunity from prosecution?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	One who has aided and/or abetted another to enter the United States illegally?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A trafficker of a controlled substance, or one who knowingly assisted, abetted, conspired, or colluded with others in any such trafficking (not including a single offense of simple possession of 30 grams or less of marijuana)?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A practicing polygamist?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Admitted into the United States as a crewman after June 30, 1964?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Admitted into the United States as, or after arrival acquired the status of, an exchange visitor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inadmissible or deportable on security related grounds under sections 212(a)(3) or 237(a)(4) (for cancellation applicants), or under pre-IIRIRA section 241(a)(4) (for suspension applicants) of the Immigration and Nationality Act (INA)?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	One who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A person previously granted relief under section 212(c) (waiver for certain grounds of admissibility) or 244 (a) (suspension of deportation) of the INA or whose removal has previously been canceled under section 240A (cancellation of removal) of the INA?



**Part 9. Information about hardship you and/or your family will face if you are deported or removed from the United States.**

Please answer the following questions by checking "Yes," "No", or "Not applicable" in the boxes provided. Where required, please provide an explanation of your answer on an attached sheet of paper. You should reference the number of each question for which you are providing an explanation. Your responses in this Part should be about you and/or your qualifying family member(s), except for your response to question 11. A qualifying family member is a parent, spouse, or child who is a United States citizen (USC) or lawful permanent resident (LPR) of the United States. When providing responses about a family member, please provide the family member's name and his or her relationship to you. **Please attach any documents you have to support the responses you give below. (See the instructions for types of documents that you may wish to submit.)**

**IMPORTANT:** If you meet the eligibility requirements for NACARA suspension of deportation or special rule cancellation of removal listed in (a) or (b), under Part 2, Application type on Page 1 of this form and you complete this form, you will be presumed to meet the extreme hardship requirement, unless evidence in the record establishes that neither you nor your qualified relative are likely to experience extreme hardship if you are deported or removed from the United States. If you qualify for a presumption of extreme hardship, you do not need to submit documents that support your answers below regarding your claim to extreme hardship, but you need to provide explanations to your answers below.

1. ☐ Yes ☒ No ☐ Not applicable - If you have (USC/LPR) children, do your children speak, read, and write English?
2. ☐ Yes ☒ No ☐ Not applicable - If you have (USC/LPR) children, do your children speak, read and write the native language of the country you would be returned to if deported or removed?
3. ☐ Yes ☒ No - Do you or any of your qualified family members suffer or have suffered any illness, health problem, or disability that required medical attention? If yes, please provide information about the health problem, the name of the qualified family member who suffers or suffered from it, and any care the person receives in the United States that would not be available in the country to which you would be deported or removed.
4. ☐ Yes ☒ No - Would you be able to obtain employment in the country to which you would be deported or removed? If yes, explain the type of employment you would be able to obtain. If no, explain why you would be unable to find employment.
5. ☐ Yes ☒ No ☐ Not applicable - If you or a qualified family member are currently pursuing educational opportunities in the United States, would you or the qualified family member continue to pursue the educational opportunities if deported or removed from the United States? If no, explain why not.
6. ☐ Yes ☒ No ☐ Not applicable - If you are deported or removed from the United States, would all qualified family member(s) accompany you? If no, list which qualified family member(s) would not accompany you. Also, explain why the qualified family member(s) would not accompany you and how that affects you and your family member(s).
7. ☒ Yes ☐ No - Would you or qualified members of your family experience any emotional or psychological impact if you were deported or removed from the United States? If yes, please explain.
8. ☒ Yes ☐ No - Would the current conditions in the country to which you would be deported or removed cause you or your qualified family members extreme hardship if you were returned? If yes, please explain.
9. ☐ Yes ☒ No - Do you presently have any other way, besides this application for suspension of deportation or special rule cancellation of removal, to adjust status to that of a permanent resident in the United States? If yes, please explain.
10. ☒ Yes ☐ No ☐ Not applicable - If you belong to any civic, political, religious, community, or social organization, association, foundation, club, or similar group or participate in volunteer activities, would your separation from these community ties and activities affect you if you are deported or removed from the United States? If yes, please explain.
11. ☒ Yes ☐ No - Is there any other type of hardship that you or your family would face if you are deported or removed from the United States? Include any hardship to your non USC/LPR children, spouse or parents and any hardship to brothers, sisters, grandparents or other extended family members. If yes, please explain.

**Part 10. Signature.**

After reading the information on penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete **Part 11**.

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546, provides in part: "Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false information or which fails to contain any reasonable basis in law or fact shall be fined in accordance with this title or imprisoned not more than five years, or both."

Staple your  
photographs  
here

I authorize the release of any information from my record that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

**WARNING: Applicants who are in the United States illegally are subject to deportation or removal if their applications are not granted by an Asylum Officer or an Immigration Judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, deportation or removal proceedings, even if the application is later withdrawn.**

Signature of Applicant:

Date: 06-13-07  
(mm/dd/yyyy)

Print Name:

FILOBERTO JUAN REVOLORIA

Write your name in your native alphabet:

**Part 11. Signature of person preparing form, if other than above.** (Read the following information and sign below.)

I declare that I have prepared this application at the request of the person named in Part 10, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in a language the applicant speaks fluently for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-881 may subject me to civil penalties under 8 U.S.C. 1324 (c).

Signature of Preparer:

Print Name:

SHAH PEERALLY

Date: (mm/dd/yyyy)

06-13-2007

Daytime Telephone #:

510 742 5887

Address of Preparer: (Street Number and Name, City or Town, State, Zip Code)

4510 PERALTA BLVD. STE # 23, FREMONT, CA 94536

**Part 12. To be completed at interview or hearing.**

You will be asked to complete this Part when you are before an Asylum Officer of the U.S. Citizenship and Immigration Services or an Immigration Judge of the Executive Office for Immigration Review (EOIR) for examination.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, are ☐ all true or ☐ not all true to the best of my knowledge and that the corrections numbered \_\_\_\_\_ to \_\_\_\_\_ were made by me or at my request.

Signed and sworn to before me by the above-named applicant on:

Signature of Applicant

Date (mm/dd/yyyy)

Write your Name in your Native Alphabet

Signature of Asylum Officer or Immigration Judge



NOTE: Use this blank sheet to supplement any information requested. Please copy and submit as needed.

A# 072 398 151

Print Name

REVOLORIO, FILOBERTO, JUAN

Signature of Applicant:

Date: 06-13-07  
(mm/dd/yyyy)

Part 3

Question 1

Street & Number	City or Town	State	Zipcode	Resided from	T
262 Marian St.	Daly City	CA	94014	01/1995	12/199

PART 4

QUESTION 1

Full Name & Add. of Employer	Wages	Type of Work	From	TO
Carillo Construction San Bruno, CA		Carpenter	01/1998	12/199
Mission Serra Motel Corp DALY CITY, CA		Carpenter	01/1998	12/1998
Giusto Enterprise		Carpenter	01/1997	12/ 1997



**“Exhibit 6”**

**Declaration of Filoberto Juan Revolorio in support of I-881 Application**

**A # 072 398 151**

I, Filoberto Juan Revolorio, declare

I am native and citizen of Guatemala.

My date of birth is August 7, 1973.

Currently I reside at 217 Plymouth Ave, San Francisco, California, 94112.

I came to United State in July 1990. I entered United States on July 15, 1990 by crossing border at San Ysidro, California without inspection.

After my arrival in United States I stayed with Venancio Luna, whom I came to know through our common friend, Emeregildo at 574 Lisbon St., San Francisco, California.

In November 1991 Mr. Luna told me about a person named Nelson, who at that time was running a herbal store on 24<sup>th</sup> Street, in San Francisco and was helping people in completing immigration forms. He was neither a lawyer nor a public notary.

On the morning of November 21, 1991, I boarded 14<sup>th</sup> Mission St. Muni bus to meet Mr. Nelson to assist me in completing my Immigration Forms.

As per my recollection, I met Mr. Nelson at his herbal store, which was located on the ground floor of the four-storied "gray" building. Mr. Nelson communicated in Spanish and told that he will help me to fill out and submit some immigration forms, and then I will be able to work legally and will also get my social security number.

He filled out some forms by hand, which were printed in English language. At that time I didn't know any English and Mr. Nelson without explaining made me to sign those forms. Out of those forms, I remember signing one form with word "CHURCH". I knew that word because I use to go to the Church on Mission Street and the brothers would mention that word that how I remember that particular word. At that time I was not sure what the word Church has to do with Immigration. I thus remember that Form for that word.

On the day of our meeting (November 21, 1991), with in half an hour Mr. Nelson completed the forms and got my signatures. At that time he also asked me about my parents membership in any political party in Guatemala. Mr. Nelson told me that he is going to mail those forms to Immigration and I will be receiving a notice at my address. Mr. Nelson did not charged me any fees for completing those forms. I left his place and boarded the same Muni bus back to the house where I lived with Mr. Luna.

After Mr. Luna came back from work in the evening, he asked me about my meeting with Mr. Nelson. He also asked me if Mr. Nelson completed the forms? I told him that as per Mr. Nelson he will submit the forms and we will receive a notice from Immigration.

Mr. Nelson never gave me any photocopies of applications or forms, which were completed and filed. Some of the applications also contained hand writings, which was not mine and Mr. Nelson, who filled out my forms did so in wrong manner and now that is affecting my case. Now that my knowledge in the English language is better and I understand much better what's going on.

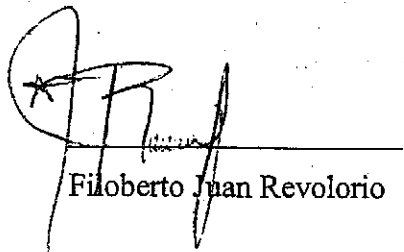
I received the photocopies of my first asylum application in 2005 when I was interviewed. At that time INS provided me an interview to see if I qualified for ABC or NACARA Laws.

To my recollection, I did apply for the NACARA (American Baptist Church – ABC) on time because I signed the paperwork on around November 1991 and I know it was mailed on time.

Therefore, I should be eligible for a NACARA application.

I respectfully request the Immigration Court to consider my application as timely filed.

Executed on 13th June, 2007 at Fremont, CA



Filoberto Juan Revolorio

**“Exhibit 7”**

REQUEST FOR ASYLUM IN THE UNITED STATES

INS Office: \_\_\_\_\_  
Date: \_\_\_\_\_

1. Family Name <b>REVOLARIO</b>		First <b>FILOBERTO</b>	Middle Name <b>JUAN</b>	2. A number (if any or known)	
All other names used at any time (include maiden name if married)					
I was born: (Month) <b>8</b> (Day) <b>7</b> (Year) <b>73</b>		in (Town or City) <b>GUATEMALA</b> (State or Province) <b>GUATEMALA</b> (Country)		3. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality — at birth <b>GUATEMALAN</b>		At present <b>GUATEMALAN</b>		4. Marital status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
5. If stateless, how did you become stateless? —					
6. Ethnic group <b>HISPANIC</b>		7. Religion <b>CATHOLIC</b>		8. Languages spoken <b>SPANISH</b>	
9. Address in United States (In care of, C/O, if appropriate) (Number and street) <b>574 LISBON ST.</b> (City or town) <b>SAN FRANCISCO</b> (State) <b>CA</b> (Zip Code) <b>94112</b>				10. Telephone number (include area code)	
11. Address abroad prior to coming to the United States (Number and street) <b>39 CALLE B 32-802007</b> (City) <b>AMPARO</b> (Province) <b>2</b> (Country) <b>GUATEMALA</b>					
12. My last arrival in the U.S. occurred on: (Mo/Day/Yr) <b>SEP 1 1992</b>				As a <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input checked="" type="checkbox"/> Bowaway <input type="checkbox"/> Crewman <input type="checkbox"/> Other (Specify)	
At the port of (City/State) <b>CA 11/FORMIA</b>				Means of arrival (Name of vessel or airline and flight number, etc.) <b>N/A</b>	
<input type="checkbox"/> was <input checked="" type="checkbox"/> was not inspected				Date authorized stay expires (Mo/Day/Yr) <b>N/A</b>	
13. My nonimmigrant visa number is <b>NONE</b> , it was issued by the U.S. Consul on _____ at _____ (City, County) _____ (Mo/Day/Yr)					
14. Name and location of schools attended					
Instituto MIGUEL G. GRANADA GUATEMALA		Type of school	From Mo/Yr	To Mo/Yr	Highest grade completed
PATRONATO ANTICOROLICOS GUATEMALA		Middle	2/89	5/90	9th
		Primary	2/83	10/88	6th
15. What specific skills do you have?					
17. Name of husband or wife (wife's maiden name) <b>NONE</b>					16. Social Security No. (if any)
18. My husband or wife resides <input type="checkbox"/> with me <input type="checkbox"/> apart from me (if apart, explain why) <b>N/A</b>					
Address (Apt. No.) _____ (No. and street) _____ (Town or city) _____ (Province or state) _____ (Country)					

RECEIVED  
US IMM & NATZ SVC  
SAN FRANCISCO, CA  
JAN 10 1992



19. If in the U.S. is your spouse included in your request ☐ Yes ☐ No (If not, explain why)

N/A

20. If in the U.S. is spouse making separate application for asylum? ☐ Yes ☐ No (If not, explain why)

N/A

21. If in the U.S. are children included in your request for asylum? ☐ Yes ☐ No (If not, explain why)

N/A

22. I have \_\_\_\_\_ sons or daughters as follows: (Complete all columns as to each son or daughter. If living with you state "with me" in last column; otherwise give city and state or foreign country of son's or daughter's residence).

Name	Sex	Place of birth	Date of birth	Now living at:
N/A				

23. Relatives in U.S. other than immediate family

Name	Address	Relationship	Immigration status
NONE			

24. Other relatives who are refugees but outside the U.S.

Name	Relationship	Country where presently located
NONE		

25. List all travel or identity documents such as national passport, refugee convention travel document or national identity card

Document type	Document number	Issuing country or authority	Date of issue	Date of expiration	Cost	Obtained by whom
NONE						

26. Why did you obtain a U.S. visa?

N/A

27. If you did not apply for a U.S. visa, explain why not?

IT IS EXTREMELY DIFFICULT TO OBTAIN IT.

28. Date of departure from your country of nationality (Mo/Day/Yr.)

JUL 11 2001

29. Was exit permission required to leave your country? ☐ Yes ☒ No (If so, did you obtain exit permission)  
☐ Yes ☐ No (If not, explain why)

23

30. Are you entitled to return to country of issuance of your passport ☒ Yes ☐ No Travel document ☒ Yes ☐ No Or other document ☒ Yes ☐ No (If not, explain why)

31. What do you think would happen to you if you returned? (Explain)

I MIGHT BE KILLED

32. When you left your home country, to what country did you intend to go?

U.S.A.

33. Would you return to your home country? ☐ Yes ☒ No (Explain)

34. Have you or any member of your immediate family ever belonged to any organization in your home country? ☒ Yes ☐ No. (If yes, provide the following information relating to each organization: Name of organization, dates of membership or affiliation, purpose of the organization, what, if any, were your official duties or responsibilities, and are you still an active member. (If not, explain))

BOTH MY FATHER AND MY MOTHER WERE MEMBERS OF THE  
POLITICAL PARTY CRISTIAN DEMOCRACY UNTIL MAY 1990

35. Have you taken any action that you believe will result in persecution in your home country? ☐ Yes ☒ No (If yes, explain)

36. Have you ever been ☐ detained ☐ interrogated ☐ convicted and sentenced ☐ imprisoned in any country? ☐ Yes ☒ No (If yes, specify for each instance: what occurred and the circumstances, dates, location, duration of the detention or imprisonment, reason for the detention or conviction, what formal charges were placed against you, reason for the release, names and addresses of persons who could verify these statements. Attach documents referring to these incidents, if any).

37. If you base your claim for asylum on current conditions in your country, do these conditions affect your freedom more than the rest of that country's population? ☒ Yes ☐ No (If yes, explain)

SOME REVOLUTIONARY MEMBERS TRIED TO  
RECRUIT ME / AND I HAD TO SCAPE.

38. Have you, or any member of your immediate family, ever been mistreated by the authorities of your home country/country of nationality ☐ Yes ☒ No. If yes, was it mistreatment because of ☐ Race ☐ Religion ☐ Nationality ☐ Political opinion or ☐ Membership of a particular social group? Specify for each instance: what occurred and the circumstances, date, exact location, who took such action against you and what was his/her position in the government, reason why the incident occurred, names and addresses of people who witnessed these actions and who could verify these statements. Attach documents referring to these incidents.

39. After leaving your home country, have you traveled through (other than in transit) or resided in any other country before entering the U.S.? ☐ Yes ☒ No (If yes, identify each country, length of stay, purpose of stay, address, and reason for leaving, and whether you are entitled to return to that country for residence purposes.)

40. Why did you continue traveling to the U.S.?

W/A

41. Did you apply for asylum in any other country? ☐ Yes — Give details ☒ No — Explain why not

42. Have you been recognized as a refugee by another country or by the United Nations High Commissioner for Refugees? ☐ Yes ☒ No (If yes, where and when)

43. Are you registered with a consulate or any other authority of your home country abroad? ☐ Yes—Give details ☒ No—Explain why not

44. Is there any additional information not covered by the above questions? (If yes, explain)

45. Under penalties of perjury, I declare that the above and all accompanying documents are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

(Date)

(Interviewing Officer)

ACTION BY ADJUDICATING OFFICER

(Adjudicating Officer)

(Date of Interview)

☐ GRANTED

☐ DENIED

(Date)

Advisory opinion requested ☐

(Date)

F  
R  
O  
M

US DEPARTMENT OF JUSTICE  
US IMMIGRATION AND NATURALIZATION  
ASYLUM OFFICE  
P.O. BOX 77530  
SAN FRANCISCO CA 94107-0000

NAME: F REVOLARIO  
A-NUMBER: 2209000

DATE: 01/21/2008  
FORM: I-753

\*\*\* APPROVAL OF EMPLOYMENT AUTHORIZATION REQUEST \*\*\*

YOUR REQUEST FOR EMPLOYMENT AUTHORIZATION (FORM I-753) HAS BEEN APPROVED.

YOU WILL BE CONTACTED BY THE U.S. DISTRICT COURT HAVING JURISDICTION OVER YOUR CASE TO DETERMINE YOUR EMPLOYMENT AUTHORIZATION STATUS. YOU MUST REPORT TO THE COURT TO DETERMINE YOUR EMPLOYMENT AUTHORIZATION STATUS.

YOU WILL RECEIVE A SEPARATE NOTICE CONCERNING YOU OF THE DATE AND PLACE OF YOUR ASYLUM INTERVIEW.

T  
O

F REVOLARIO  
C/O VENANCIO LUNA  
574 LISBON ST.,

SAN FRANCISCO CA 94112-0000

F  
R  
O  
M

US DEPARTMENT OF JUSTICE  
US IMMIGRATION AND NATURALIZATION  
ASYLUM OFFICE  
P.O. BOX 77530  
SAN FRANCISCO CA 94107-0000

NAME: F REVOLARIO  
A-NUMBER: 2209000

DATE: 01/21/2008  
FORM: I-753

YOUR REQUEST FOR EMPLOYMENT AUTHORIZATION (FORM I-753) HAS BEEN APPROVED. YOU WILL BE CONTACTED BY THE U.S. DISTRICT COURT HAVING JURISDICTION OVER YOUR CASE TO DETERMINE YOUR EMPLOYMENT AUTHORIZATION STATUS. YOU MUST REPORT TO THE COURT TO DETERMINE YOUR EMPLOYMENT AUTHORIZATION STATUS. IF YOU FIND A DIFFICULTY WITH THE COURT, PLEASE CONTACT THE U.S. DISTRICT COURT IN SAN FRANCISCO, CA. YOUR REQUEST FOR ASYLUM, YOU WILL BE BEING AND/OR NOTICE REGARDING THAT SPECIFICATION.

T  
O

F REVOLARIO  
C/O VENANCIO LUNA  
574 LISBON ST.,

SAN FRANCISCO CA 94112-

**“Exhibit 8”**



Form

Department of the Treasury Internal Revenue Service

1040EZ

Income Tax Return for  
Single Filers With No Dependents

1992

OMB No. 1545-0047

Name &  
address

Use the IRS label (see page 10). If you don't have one, please print.

Please print your numbers like this:

Print your name (first, initial, last)

FILOBERTO REVOLORTO

Home address (number and street). If you have a P.O. box, see page 10.

Apt. no.

126 GRANADA

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.

San Francisco CA 94112

9876543210

Your social security number

616520069

Please see instructions on the back. Also, see the  
Form 1040EZ booklet.

Presidential Election Campaign (See page 10.)

Note: Checking "Yes" will  
not change your tax or  
reduce your refund.

Do you want \$1 to go to this fund?

Report  
your  
incomeAttach  
Copy B of  
Form(s)  
W-2 here.  
Attach tax  
payment on  
top of  
Form(s) W-2.Note: You  
must check  
Yes or No.1 Total wages, salaries, and tips. This should be shown in  
box 10 of your W-2 form(s). Attach your W-2 form(s).

1

2 Taxable interest income of \$400 or less. If the total is  
more than \$400, you cannot use Form 1040EZ.

2

3 Add lines 1 and 2. This is your adjusted gross income.

3

4 Can your parents (or someone else) claim you on their return?



Yes. Do worksheet on back; enter amount from line E here.

No. Enter 5,900.00. This is the total of your  
standard deduction and personal exemption.

4

5 Subtract line 4 from line 3. If line 4 is larger than line 3,  
enter 0. This is your taxable income.

5

Figure  
your  
tax6 Enter your Federal income tax withheld from box 9 of  
your W-2 form(s).

6

7 Tax. Look at line 5 above. Use the amount on line 5 to  
find your tax in the tax table on pages 22-24 of the  
booklet. Then, enter the tax from the table on this line.

7

Refund  
or  
amount  
you  
owe8 If line 6 is larger than line 7, subtract line 7 from line 6.  
This is your refund.

8

9 If line 7 is larger than line 6, subtract line 6 from line 7. This is the  
amount you owe. Attach your payment for full amount payable to the  
"Internal Revenue Service." Write your name, address, social security  
number, daytime phone number, and "1992 Form 1040EZ" on it.

9

Sign  
your  
returnKeep a copy  
of this form  
for your  
records.I have read this return. Under penalties of perjury, I declare  
that to the best of my knowledge and belief, the return is true,  
correct, and complete.

Your signature

Date

1-27-93

Your occupation

Construction

# California Resident Income Tax Return

## For Single Filers With No Dependents 1992

FORM

540EZ

Use the California mailing label. If you don't have one, please print or type. If filing for renter's credit only, you must complete Step 1, Step 4 and Step 5. You must also complete Side 2, Part II.

Your first name and initial

Last name

Your social security number

Present home address - number and street including P.O. box or rural route.

Apt. no.

City, town or post office, state and ZIP code

San Francisco, CA 94112

Do Not Write  
In These Spaces

P

M

A

R

E

6 If someone (such as your parent) can claim you as a dependent on his or her tax return, check here and enter 0 on line 18. • 6 ☐

### Step 2

#### Taxable Income

Attach check  
or money  
order here.

14 Federal adjusted gross income from your Form 1040EZ, line 3,  
or your Form 1040A, line 16, or your Form 1040, line 31. • 14

9, 159

15 Standard deduction. If you checked the box on line 6 above, complete Side 2,  
Part I. If you did not check the box on line 6 above, enter \$2,343. • 15

2, 343

16 Taxable income. Subtract line 15 from line 14. If line 15 is larger than line 14,  
enter -0-. • 16

6, 816

### Step 3

#### Tax and Credits

17 Tax. Use the amount on line 16 to find your tax in the tax table. Use the  
single column of the table. Enter the tax from the table on this line. • 17

90

18 Personal exemption credit. If you did not check the box on line 6, enter \$62. • 18

62

23 Total tax. Subtract line 18 from line 17. If less than zero, enter -0-. • 23

28

### Step 4

#### Overpaid Tax or Tax Due

Attach  
copy of your  
Form(s) W-2 here.

24 California income tax withheld from  
box 24 on your Form(s) W-2. • 24

64

26 Renter's credit. Enter amount from  
Side 2, Part II, line 9. • 26

60

27 Total payments and credits. Add line 24 and line 26. • 27

24

30 Overpaid tax. If line 27 is more than line 23, subtract line 23 from line 27. • 30

96

31 Tax due. If line 27 is less than line 23, subtract line 27 from line 23. • 31

0

### Step 5

#### Refund or Amount You Owe

34 Total contributions. Enter amount from Side 2, Part III, line 8. • 34

-

35 REFUND OR NO AMOUNT DUE. Subtract line 34 from line 30. Mail return  
to: Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0000. • 35

96

36 AMOUNT YOU OWE. Add line 31 and line 34. Attach check or money order  
for full amount payable to "Franchise Tax Board." Write your social security  
number and "1992 Form 540EZ" on it. Mail it with your return to: Franchise  
Tax Board, P.O. Box 942867, Sacramento, CA 94267-0001. • 36

0

### Sign Here

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. • 1

Your signature

Date

Do not attach  
your federal return  
to this return.

X 1-26-93



**Part I Standard Deduction Worksheet** Dependents Who Checked the Box on Side 1, line 6

If you checked the box on Side 1, line 6 because someone can claim you as a dependent, complete this worksheet to figure the amount to enter on line 15.

1 Enter the amount from line 1 of your federal Form 1040EZ or from line 1 of the federal "Standard Deduction Worksheet for Dependents" found in the instructions for federal Form 1040A or Form 1040. 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

2 Minimum amount. 2 3 4 5 6 7 8 9 0 1 2 3



1 Control number 436		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.									
2 Employer's name, address, and ZIP code SAARMAN CONSTRUCTION, LTD 683 McALLISTER STREET SAN FRANCISCO, CA 94102		6 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	942 emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>	Void <input type="checkbox"/>	
3 Employer's identification number 942929210		4 Employer's state I.D. number 304-8067-7		7 Allocated tips		8 Advance EIC payment					
5 Employee's social security number 616-52-0069		11 Social security tax withheld 567.87		9 Federal income tax withheld 778.00		10 Wages, tips, other compensation 9159.00					
19 Employee's name, address, and ZIP code FILOBERTO REVOLARIO 126 GRANADA SAN FRANCISCO CA 94112		13 Social security tips		15 Medicare tax withheld 132.81		12 Social security wages 9159.00					
20		21		17 See Instrs. for Box 17		14 Medicare wages and tips 9159.00					
22 Dependent care benefits		23 Benefits included in Box 10		16 Nonqualified plans		18 Other					
24 State income tax 64.38		25 State wages, tips, etc. 9159.00		26 Name of state SWT		27 Local income tax 114.51		28 Local wages, tips, etc. 10923.00		29 Name of locality SDI	

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

IRS APP.

Dept. of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 1992